*Instructions: Please complete all sections of this form. Where not applicable, type N/A. Add as attachments materials created for your practicum activity (presentations, survey forms, fliers, etc…)*

**Brief title of practicum activity:**

**Date of practicum activity:**

**Location of activity:**

**Main Partner Organization:**

**Key Contact Name: Title/Position:**

**Mailing Address: Phone:**

**List any other partner organizations, key contact and their contributions (materials, staff, facilities, facilitation, etc.) and # of participants from the organizations (if applicable and as available):**

**Participating UCLA Staff (residents (please name), faculty, staff):**

**Describe the purpose and elements of your activity:**

**Target audience of event/activity:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Numbers reached** | ***Please describe and provide numbers and ages as appropriate*** | | | | | | | | |
| Children (ages) | 0‐3 |  | 3‐5 |  | | 6‐12 |  | 13‐18 |  |
| Parents |  | | | Providers | | |  | | |
| Others (specify) |  | | | | | | | | |
| **Is this a recurring event/activity?** | | | | | **If YES, what is the frequency?** | | | | |

**What was your role?**

**Evaluation:**

**What form of feedback did you obtain from participants (evaluation form, informal feedback, request for additional sessions, etc)?**

**Did the event/activity meet its intended goal?**

**Please attach evaluation link or documentation. Collate results and comment on outcomes.**

**What did you learn from this experience?**

**What would you do differently in the future?**

**Can you identify any opportunities for advocacy or quality improvement?**

**What follow up activities are planned?**

**Any Additional Comments?**